

TFW 3626

PTO/SB/82 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035

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ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/008,182
Filing Date	11/09/2001
First Named Inventor	Jill K. Jinks
Art Unit	3626
Examiner Name	Robert D. Rines
Attorney Docket Number	49771.29035

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 49358

☐ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 49358

OR

<input type="checkbox"/> Firm or Individual Name	Carlton Fields, P. A.				
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

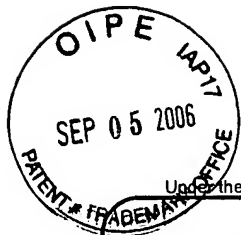
Signature			
Name	Jill K. Jinks		
Date	8/29/2006	Telephone	770-644-0632

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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PTO/SB/81 (04-05)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/008,182
Filing Date	11/9/2001
First Named Inventor	Jill K. Jinks
Title	System and Methods for Interactively, etc.
Art Unit	3626
Examiner Name	Robert D. Rines
Attorney Docket Number	49771.29035/US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

49358

OR

☐ Practitioner(s) named below:

Name	Registration Number
Li K. Wang	44,393
Lance D. Reich	42,097

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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☒ The address associated with Customer Number:

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OR

☐ Firm or Individual Name

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I am the:

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Applicant/Inventor.

☒

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	8/29/2006
Name	Jill K. Jinks	Telephone	770-644-0632
Title and Company	Insurance House		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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